PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

10612773

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			1-7				ſ	RATE	FEE	1 I	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEÉ		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			17 minus 20=		*		Ì	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*		İ	X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				İ	+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in co			olumn 2	L	TOTAL	375	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Į	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	-		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT. FEE	_	OR	TOTAL ADDIT. FEE	
			DDII. I EE		•							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAINA	=		X42=		OR	X84=	
<u></u>	FINOT FRESE	INTATION OF IVI	JLIIPLE DEF	ENDEN	CLAIN			+140=		OR	+280=	
	•						L	TOTAL DDIT. FEE		OB	TOTAL ADDIT. FEE	
5		(Column 1)		(Colur		(Column 3)				•	ADDIT. PEE	·
AMENDMENT C	N-3	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	J.	X\$ 9=		OR	X\$18=	·
	Independent FIRST PRESE	* ENTATION OF M	Minus	***	CLAIM	=		X42=		OR	X84=	
				LINDLIN	CLANVI			+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	imber Previously P nber Previously Pa	aid For IN I HI id For" (Total o	S SPACE i r Independ	s less tha ent) is the	ਸ਼ ਤ, enter "3." highest number		_	propriate box			